

## CATHARTICS AND HYPNOTICS IN THE TREATMENT OF NERVOUS AND MENTAL DISEASES

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SUCH a title as the above is almost misleading, inasmuch as it seems to imply that cathartics and hypnotics are to be administered in some special way in nervous and mental diseases. However, it is true that in these cases a lack of exercise often emphasizes the need for proper elimination, while, again, an extreme wakefulness may make the getting of sufficient sleep an immediate problem.

There are nervous diseases of the intestines, but it is not the intention of this paper to consider this class of cases, which have a distinct pathology and demand a treatment varying with the existing condition. The relation of constipation to certain nervous disorders is in dispute. Thus Dunin, supported in his view by Virchow and Nothnagel, believes that hypochondriasis and constipation may together result from neurasthenia, while Ewald holds that hypochondriasis is often caused by constipation. Be that as it may, the matter is not for discussion here.

In the relief of constipation, dietetic, physiological, mechanical, and medicinal means are to be considered.

As to diet, according to Ewald, the laxative effect of certain foods is, for the most part, due to the movements of the intestines, induced either by the contained organic acids or formed gases; and in this class would belong most fruits and vegetables holding an abundant supply of water. The common theory that peristaltic action is promoted by the mechanical contact of seeds, skins, and other rough material does not seem to the writer quoted as reasonable, and he comments that when we consider how a spicule of bone becomes enveloped in a coating of mucus it does not seem probable that ordinary articles of diet can have much influence through contact with the intestinal wall.

Water is to be named by itself as of special clinical value as a laxative, being best taken an hour or so before the meal. For milk and for many of the ordinary table dishes there is an idiosyncrasy to be learned only after acquaintance with the individual.

Exercise is of importance, the neglect of which may abet a tendency towards chronic constipation. But a matter of more consequence in this connection is the need of a regular habit, an hour when the patient should daily allow himself the opportunity for defecation. And in this connection it is not out of place to refer to the subject treated by Dr. E. T. Williams, under the title "Postural Treatment of Constipation," in

which article he calls attention to the fact that the ordinary attitude taken in defecation does not allow the full aid to be gotten from either the contraction of the diaphragm or the recti, and so, in order to compensate for a sluggishness of the bowels, a squatting position is suggested.

Systemic abdominal massage is able to secure a result in some cases, but is of more service in a lean individual than in one with fat abdominal walls. In obstinate cases colonic flushing may be of service, where, through a soft delivery-tube, the water is allowed to creep into the lower bowel under an even pressure, a treatment which may be repeated several times once a day or less frequently. Where the feces have resisted ordinary catharsis and have accumulated through three or four days a clysma may prove efficient in securing a prompt evacuation, and for this purpose an injection, such as olei ricini, one and half ounces; olei terebinthinæ, two drachms; pulv. saponis q. s.; aquæ q. s. ad. four ounces, might be used.

As to medicinal treatment, many drugs are recommended. Among those which may properly be named here are the U. S. P. compound cathartic pill, one or two being the ordinary dose, and a pill containing aloin, belladonna, and strychnine. A physician who through several years in a sanatorium for nervous and mental diseases had occasion to study this question of cathartics, stated that in his experience kasagra (Stearn's) had proved to be the drug most suited for ordinary continued use, and was there given in doses of one to two drachms, and in certain cases taken as a daily tonic without seeming to show any culminative harmful influence. Calomel, several small doses at night, may be followed, when needed, by a dose of salts in the morning, and, when all drugs are systematically refused by a patient, may sometimes be conveniently given as a powder (say five grains) put on bread and covered by butter. Castor-oil stands by itself as a reliable cathartic when given in doses of one to two ounces, and can often be served as a sandwich in a glass, the oil being covered by a finger of brandy, with as much of peppermint-water lying below; and it will lessen the after cleaning of the glass to see that it is thoroughly wet on the inside with water before being used. When the patient happens to be taking lavage the oil can easily be poured into the tube at the same time, and in the case of a patient who resists this may be the most satisfactory way to give medicine. Under such circumstances the tube is perhaps best passed through the nose after being properly oiled: it is necessary to use some caution to make sure that the tube is not in the trachea. When the patient can talk, there is evidence of a proper position. Usually, if the tube is in the trachea, the respiratory sounds would be transmitted, but as the open end might have become plugged with mucus, in case of doubt it is well to make a test

with a teaspoonful of water, which spilled into the trachea would induce coughing. Castor-oil is not favored for continued use because of a tendency towards dyspepsia and oily eructations.

Rhubarb is of service in chronic constipation, but has an inclination to cause drug dependency, which may be corrected by writing a prescription which used to be put up a century ago, rhei (pulv.), one ounce; sodii sulph., half ounce; sodii bicarb., two drachms, of which as a first dose as much as lies on the point of a penknife was given and increased to meet the need of the patient, to be taken at night stirred in a glass of warm water.

Frequently it will be found of advantage to vary the laxative in order to suit the individual want or to make allowance for an acquired tolerance. Certain instances will be found where there is a deficiency in muscular tone, making a continued stimulation necessary, and here the problem involves the securing of the proper amount of compensation, even as the oculist does in ordering glasses.

In the treatment of nervous and mental diseases it is important to secure proper elimination. Dietetic, physiological, and mechanical means should all be considered, and when needed drugs should be used, but with care to avoid creating any unnecessary dependency.

Insomnia may be functional or symptomatic. With nervous diseases either sort may occur, and the diagnosis is at times difficult, because it is possible that the one form may under given conditions change into the other.

When a cause can be ascertained it is, of course, of first importance to deal with this; then, further, or without such finding, other means are to be used. Thus exercise, specially that which is taken in the open air, is of value; and perhaps this is true partly because of the diverting or quieting effect it may have over the mind of the patient, for it is a matter of observation that physical exertion alone grants no insurance against insomnia, else occupation would protect the farmer; but when harassed by a mortgage or some other dread he may come to a wakefulness that is as intractable as that of the brain-worker. Where the condition of the patient cannot allow walking, lounging in the out-door air and sunshine sometimes proves a fair substitute. At night a regular retiring hour is named, the patient is given a quiet, well-ventilated room, and, what is most important of all, a mental attitude of rest is sought; and in this latter matter the suggestion of the thoughtful nurse or physician may have much weight.

A light lunch at bedtime, perhaps a glass of milk and a cracker, will at times be of aid. Auxiliary means of inducing sleep are found in a warm bath before retiring, a warm pack or a cold pack, cold applied to

the head with warmth at the feet, massage, or an alcohol rub. Static electrical treatment given during the day will perchance help indirectly through its sedative action.

As to drugs, it is of much consequence to realize that in many cases these can be dispensed with altogether, even where the patient is said to be dependent upon hypnotics.

With the violent and extremely restless duboisine may be administered hypodermically (one-hundredth to one-fiftieth of a grain) and repeated after some hours if necessary. But it is to be remembered that acute insanity usually runs its course in from two to six months. To continue any drug influence in such a case would require an increase to harmful doses, and in instances it has been possible to care for these patients without any resort to such medicine. Trional is counted safe where it is necessary to continue hypnotic treatment, and the ordinary dose is fifteen grains. Sulphonal, being rather insoluble, is more slow in its effect and can be well given in hot milk. Its action may continue into the following day. The dose is the same as for trional. Paraldehyde is a powerful hypnotic, and, given in doses of half a drachm to a drachm and a half, acts promptly. Aromatic elixir makes a satisfactory vehicle, which somewhat disguises the disagreeable taste. Paraldehyde is said to give refreshing sleep without unpleasant after effects, but the odor is offensive and hangs to the breath. Chloral is an acceptable hypnotic in many cases, is called reliable and prompt, usually without after effects, but because of its depressing influence must be used with caution, if at all, where there is any involvement of the heart. It can conveniently be kept in a solution of syr. pruni virginianæ, ten grains to the drachm, to be given in doses of one to two drachms. Chloretone, a substance belonging to the fatty acid series and formed from the interaction of chloroform, acetone, and an alkali, is said to be safe and without after effects. Given in small doses it is sedative, in larger doses hypnotic. When taken in the tablet form it should be followed by a glass of water.

Each patient in the matter of response to drugs has an individual equation, and the whole list of hypnotics may be tried without any satisfactory result. However, if in doubt trional is ordinarily a good prescription, but to get sleep for a vigorously restless individual paraldehyde would serve the purpose better, while where the patient complains of waking after only a short sleep sulphonal, which acts slowly, in a full dose given on retiring, would be preferred. Further, where a continuation seems necessary a change of drugs is usually to be advised in order to avoid acquiring a tolerance or the formation of a drug habit.

At best, hypnotics cannot secure a condition which refreshes the body after the fashion of normal sleep. So it is well to bear in mind

that there are cases of insomnia, even where the patient is said to have been a long while dependent upon artificial sleep, which may be forced to yield without any medicinal treatment. Drugs are to be given only when definitely indicated, then in doses large enough to get the result needed, while it continues of importance to observe without neglect such other means as may aid in securing sleep.

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## THE RELATION OF SYPHILIS TO THE NURSING PROFESSION \*

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It has been a matter of such grave doubt with me whether the great danger of specific infection was brought forcibly enough before the minds of the nurses who, year by year, are graduated from the various training-schools, that I questioned different nurses from different schools and of varying experience, and was not surprised to find that few realized fully what specific infection means. Of course, they knew that contact with a chancre or with mucous patches usually would result in infection, but that infection might also be the result of some little carelessness in the routine of their work seemed far from their thoughts.

Nurses are called upon every day to nurse patients about whom they know little or nothing. They are seldom called upon to nurse syphilis, but how often are they called upon to nurse a patient with some other disease who has syphilis? and people who are suffering from syphilis are very loath to acknowledge it to the physician, much less to the nurse who is constantly with them.

In April I read a paper before the Chicago Medical Society on extra-genital chancres. I reported a few of the cases that had come under my notice among physicians and midwives. The nurse runs the same chance of infection that the doctor and midwife do, and for this reason I will cite a few cases showing the many ways that infection takes place.

*First.* A midwife delivered a woman whom she did not know was suffering from syphilis. Three weeks after she noticed an ulceration on the back of her hand, but thought it was due to a pus infection. She continued to practise midwifery for two months, when the secondary eruption appeared, and she was informed that she had syphilis, and the ulceration on the back of her hand was a chancre. One of the women

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